Approved for use through 7/31/2006, OMB 0651-0032
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APPLICATION AS FILED – PART I (Column 1) . (Column 2) BASIC FEE (91 CPR 1.16(0), (0), or (0)) BASIC FEE (97 CPR 1.16(0), (0), or (0)) CAMMAN (0), or (0)) APPLICATION SIZE See specification and drawflogs exceed 100 APPLICATION SIZE APPLICATION SIZE APPLICATION AS AMENDED A	-	DATE	AWOR REGUCTION	ATIO	1885, NO PERSO	ns are required to re	espond (o a collection o	information u				
COLUMN 1) COLUMN 2) SMALL ENTITY OR OR OR OR OR OR OR OR OR O	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								10	Application or Docket Number			
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ST CFR 1.16(0), (0, or (n))				-		 	∤			4		770	
ST CRR 1.16(0) (p), or (q)) TOTAL CLAIMS (37 CRR 1.16(0))	(37 CFR 1.16(k), (i), or (m))						11		1	ľ			
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APPLICATION SIZE #EE #If the specification and drawfungs exceed 100 sheets to page; the application airs fee that is \$250 (\$125 for small entity) for each additional 50 sheets to page; the application airs fee that \$250 (\$125 for small entity) for each additional 50 sheets to prescribe profession braces (\$150 st. St. 41(4)(1)(6) and 37 CFR **If the difference in column 1 is less than zero, enter "0" in column 2. **APPLICATION AS AMENDED — PART III **DITTION OF Column 1) (Column 2) (Column 3) **CLAMS READAINING ANTERED FRESENT FRESENT FRESENT FRESENT FRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(6)) **FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(6)) **TOTAL				6 minus 3 = 3				X\$100=		1	XMMC-	20-8	
If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL	APPLICATION SIZE sheets of paper, the \$250 (\$125 for small (37 CFR 1.16(s)) 50 sheets or fraction					cation size fee due is ty) for each additional sof. See			·			030	
If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(i))					1	N/A	<u> </u>	1 .	N/A	 		
APPLICATION AS AMENDED - PART						, _	TOTAL		1		1172		
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TOTAL ADD'T FEE OR ADD'T FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".	₹											X - I	
ADD'T FEE OR AD	PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160))							N/A		·· OR	N/A		
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AFTER AMENDMENT PREVIOUSLY PAID FOR EXTRA Total (37 CFR 1.16(1))			CLAIMS			, , , , , , ,				l Ö			
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(j)) N/A TOTAL ADD'T FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".		(37 CFR 1,16(i))	28	Minus	- 28	- 0	X	=		OR	x =		
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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.